

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. G.		10/18/99
O.I.P.E. CLASSIFIER	R.F.	32	10/20
FORMALITY REVIEW		70556	10-27-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	7/11/92	
2	✓	11/1/93	
3	✓	11/1/93	
4	✓	11/1/93	
5	✓	11/1/93	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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